

NEW STUDENT (1ST GRADE – 8TH GRADE) – 2025/2026

ST. RAYMOND RELIGIOUS EDUCATION OFFICE

263 Atlantic Ave., East Rockaway, NY 11518

Tel: 516-593-9075/Fax: 516-593-1156/Text: 516-736-0426

strayfaithformation@aol.com

BAPTISMAL CERTIFICATE & FULL PAYMENT

MUST BE PRESENTED AT THE TIME OF REGISTRATION

(unless baptized at St. Raymond's Church – need exact date in order to verify with Rectory)

Date : _____ Grade in Religion in September : _____

Child's Name : _____ Phone : _____

Address : _____ Town _____

Mother Cell #: _____ Father Cell #: _____

Mother Work #: _____ Father Work #: _____

PRIMARY E-MAIL ADDRESS (PRINT CLEARLY): _____

PRIMARY PHONE NUMBER (PRINT CLEARLY): _____

Public School : _____ Public School Grade in Sept: _____

Mother's Maiden Name (first & last) : _____

Father's Name on Child's Baptismal Certificate (first & last) : _____

Mother's Religion : _____ Father's Religion: _____ Marital Status: _____ (Married, Single, Widowed, Divorced)

Main Language spoken at home: _____

If you are single or remarried parent, who has custody of this child?

Mother ___ Father ___ Other Specify _____

Child's date of Birth: ___/___/___ City/State of birth _____ Sex : Male / Female

Date of Baptism: ___/___/___

Baptismal Church _____

Address of Church _____

City _____ State _____ Country _____ Zip _____

Previous Religious Education : _____

First Penance : Date : ___/___/___ Church : _____

First Communion : Date : ___/___/___ Church : _____

PLEASE COMPLETE THE BACK OF THIS FORM

Please share any special needs your child has:

Self Contained _____	IEP _____	504C Plan _____
Developmental Delay _____	Emotional Problem _____	Blind/Hearing Impaired _____
Neurologically Impaired _____	Autism _____	Diabetes _____
Anxiety _____	Seizure Disorder _____	Asthma _____
Dyslexia _____	ADD _____	ADHD _____
Hyperactivity _____	Coordination deficit _____	Impulsivity _____
Memory/Thinking Disorder _____	Motor impairment _____	Visual/Auditory _____
Allergies (Be specific) _____		Gluten or Celiac _____
EPI PEN _____**		

**** IF YOUR CHILD HAS A FOOD ALLERGY THAT REQUIRES AN EPI PEN THAT HE/SHE BRINGS TO RELIGIOUS ED, YOU MUST COME TO THE OFFICE AND COMPLETE A FOOD ALLERGY ACTION PLAN. A PHOTO OF YOUR CHILD WILL BE REQUIRED TO ADHERE TO THE FOOD ALLERGY ACTION PLAN. YOUR CHILD WILL HAVE HIS/HER EPI PEN KEPT WITH THEM DURING RELIGIOUS EDUCATION CLASSES.**

ANY OTHER DISABILITY NOT LISTED ABOVE THAT WILL BE HELPFUL FOR RELIGIOUS ED TO BE MADE AWARE OF:

Are there any orders of protection, custody issues, restraining orders? Circle Yes or No

If yes, which of these do you have? _____

Please discuss with the DRE.

EMERGENCY CONTACT:

Name _____ Relationship to child _____ Phone # _____